



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

**Montana Office of Public Instruction
Supplemental Educational Services
Monitoring Report
2013-14**

According to the ESEA/NCLB Act of 2001, the Montana Office of Public Instruction (OPI) is required to publicly report on the standards and techniques for monitoring the effectiveness of the programs offered by approved Supplemental Educational Service providers and to post this report each year. [Section 1116(e) (4) (D); 34 C.F.R. §200.47(a) (4)]

The process for the evaluation is as follows. First, a survey is sent out to districts that have students eligible for services. Next parents and students receiving services are asked to complete a survey on their provider. The attached paper survey forms at the end of this report represent the actual data requested and questions asked in the electronic survey that is used by the OPI to assist us in evaluating SES programs. These electronic surveys are given to the districts and providers so that district/school staff, parents, and students have an opportunity to give the OPI input for program assessment. Documentation is also requested from the provider to show the academic improvement or lack of improvement from students receiving services. Finally, providers are asked to update their programmatic information.

After this data is gathered, the OPI reviews the information and determines whether or not the SES provider has obtained a satisfactory or unsatisfactory rating. Providers that receive an unsatisfactory rating are given one year to correct any deficiencies to their program or risk being dropped from the Approved Provider list. Also any comments for improvement to a provider are given to the company to assist in program enhancement.

This year the OPI removed providers that had not served any students over the past three years. These providers were, however, allowed to reapply for the 2013-14 school year. Of the providers that were dropped for this reason, none resubmitted an application to get back on the list.

Also, several providers were removed from the list for failing to complete the required data requests from the OPI. The letter was mailed in April. The providers were notified that if the requested data was not submitted to the OPI, that they would be dropped from the Approved Providers list. The letter also stated that no follow-up letter would be sent.

In the table below are the names, numbers of students served, and ratings and statuses of each approved SES providers for the 2013-14 academic year:

Supplemental Educational Services Numbers Served 2012-13

Provider Name	Students served 2012-2013	2012-13 Rating	Retained/Dropped
+ Reading and Writing Specialists	0	N/A	Retained
21st Century LEAP After School and Summer Program/Libby K-12 Schools	No Answer	N/A	Dropped
Academia.net, LLP	5	Satisfactory	Retained
Achieve High Points (by Datamatics, Inc.)	0	N/A	Retained
ATS Project Success	0	N/A	Retained
Babbage Net School	No Answer	N/A	Dropped
Bozeman School District	No Answer	N/A	Dropped
Club Z! In-Home Tutoring Services, Inc.	6	Satisfactory	Retained
Digital Network Group	0	N/A	Retained
Educate Online	No Answer	N/A	Dropped
Friendship House of Christian Service	52	Satisfactory	Retained
Helena Public Schools	6	Satisfactory	Retained
Hot Springs School District 14J	No Answer	N/A	Dropped
Imagine Learning	0	N/A	Dropped
Learn-It-Systems, LLC	No Answer	N/A	Dropped
Mobile Minds Tutoring	126	Satisfactory with Corrective Action	Retained
National Education Foundation/Cyber Learning	No Answer	N/A	Dropped
NM Community Faithlinks	No Answer	N/A	Dropped
One on One Learning	125	Satisfactory with Corrective Action	Retained
Shout Church, Inc.	No Answer	N/A	Dropped
Sylvan Learning Center (Billings)	112	Satisfactory	Retained
Sylvan Learning Center (Bozeman)	43	Satisfactory	Retained
Sylvan Learning Center (Butte)	61	Satisfactory	Retained
Sylvan Learning Center (Helena)	105	Satisfactory	Retained
Sylvan Learning Center (Missoula)	116	Satisfactory	Retained
Tutorial Services	0	N/A	Retained
Totals	757		

District-Level SES Breakdown

District	Number Receiving	Number Completing	Amount Spent	Hours Provided
Anaconda High School	15	7	\$ 15,844.00	344.00
Arlee Elementary	12	1	\$ 22,431.00	544.00
Belgrade Elementary	15	11	\$ 17,250.00	421.00
Billings Public Schools	312	166	\$ 326,602.00	6,437.00
Bozeman Public Schools	30	21	\$ 30,551.00	859.00
Butte Elementary	40	32	\$ 46,761.00	1,226.00
Butte High School	7	6	\$ 8,250.00	237.00
Columbia Falls Schools	9	1	\$ 8,604.00	142.00
DeSmet Public Schools	5	2	\$ 6,695.00	144.00
Evergreen Elementary	2	0	\$ 1,410.00	30.00
Flathead High School	6	0	\$ 3,485.00	59.00
Great Falls Elementary	15	9	\$ 20,430.00	345.00
Great Falls High School	1	1	\$ 1,378.00	23.00
Hardin K-12 Schools	22	6	\$ 20,913.00	500.00
Helena Elementary	123	116	\$ 167,411.00	3,368.00
Hellgate Elementary Schools	3	3	\$ 3,500.00	93.00
Kalispell Elementary	9	4	\$ 9,703.00	276.00
Laurel Elementary	23	9	\$ 10,059.00	596.00
Laurel Public Schools	23	23	\$ 11,556.00	596.00
Libby Public Schools	6	6	\$ 13,520.00	338.00
Lolo Elementary	2	2	\$ 3,926.00	98.00
Missoula County Schools	70	36	\$ 56,114.00	1,544.00
Ronan Elementary	26	8	\$ 33,138.00	828.00
Ronan High School	9	1	\$ 5,252.00	131.00
Target Range Schools	1	1	\$ 2,285.00	41.00
Three Forks Elementary	3	3	\$ 5,244.00	108.00
TOTALS	789	475	\$ 852,312.00	19,328.00

Montana Office of Public Instruction
Supplemental Educational Services (SES) Provider Evaluation
FOR DISTRICTS

PLEASE SUBMIT BY May 31, 2013

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SES Coordinator
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
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I. Background Information

District Being Served: _____

Date: _____

District Contact Person: _____

Address: _____

Telephone: _____

E-mail: _____

Summer Contact Info: _____

Please make copies of this form and complete a separate survey **for each supplemental service provider** with whom the district has contracted.

Name of SES Provider: _____

II. Information Regarding Provider

A.

Grade Level	# of Students Served	# of Special Ed Students Served	# of LEP Students Served	% of Students Who Achieved Goals	% of Students Who Made Progress	% of Students Who Showed No Improvement

B. Rate the performance of this Provider in relation to the following service elements listed below. If marked "unsatisfactory," please comment why.

Service Element	Rate Provider's Performance in Relation to Each Service Element	
	Satisfactory	Comments/Remarks
1. Defined specific achievement goals for students receiving supplemental services as outlined in the agreement with the district and parent/guardian	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
2. Monitored the progress of students receiving supplemental services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
3. Ensured instructors were adequately trained to deliver the supplemental educational services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	

Name of SES Provider: _____

Service Element	Rate Provider's Performance in Relation to Each Service Element	
	Satisfactory	Comments/Remarks
4. Provided the district with information on the academic achievement progress of children receiving supplemental services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
5. Provided teachers of students receiving supplemental services with information on their academic progress	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	

Service Element	Rate Provider's Performance in Relation to Each Service Element	
	Satisfactory	Comments/Remarks
6. Provided parents with information on the academic achievement progress of their children in a format and language (where practicable) that they could understand	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
7. Ensured that curriculum and instruction provided were consistent with the district's instructional program and state content standards	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
8. Ensured that instructional strategies were of high quality and research-based	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
9. Fulfilled all contractual obligations	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
10. Ensured that safety measures were put in place by either doing background checks or some other monitoring system	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	

Name of SES Provider: _____

Below describe parents', students', and your district's satisfaction or dissatisfaction levels with this Provider, based on feedback received during and after service delivery. Please include reasons for the level of satisfaction/dissatisfaction.

1. **District**

What is the district's overall level of satisfaction with this Provider associated with SES?

Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain your reasoning for the Provider's rating.

2. Would you recommend that the State renew its authorization for this provider?

- Yes
- No, please specify why.

C. Additional Comments/Recommendations

Thank you for your time and assistance with this process.

TO BE COMPLETED BY THE PARENT

SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDER REPORT CARD

SES Provider: _____

This information is extremely helpful to the State Title I office as we work with districts to have high quality providers of Supplemental Educational Services. Your feedback is critical in helping us to do that. If you could take a few minutes to complete this brief report card, it would be beneficial for our office. Please return to your school district office by May 18, 2010. If you have questions about this information, please call this office at 406-444-3083. Thank you for your time.

Description/Identification of Report Card Item	Scale				
	P o o r	Good			E x c e l l e n t
1. My child made progress on his/her goals.	1	2	3	4	5
2. I feel that my child found the additional support in reading and/or math to be a positive experience.	1	2	3	4	5
3. I was informed regularly about my child's progress.	1	2	3	4	5
4. I feel that the tutor was qualified to provide the support to my child that was needed.	1	2	3	4	5
5. I feel that the tutor was supportive of my child and sensitive to my child's needs.	1	2	3	4	5
6. My child enjoyed their experience with the tutor.	1	2	3	4	5
7. I am confident that my child benefited from this experience.	1	2	3	4	5
8. The services were convenient.	1	2	3	4	5
9. I am confident that my child was well taken care of while in the program.	1	2	3	4	5
10. I would place my child with this provider again.	1	2	3	4	5

Other comments:

TO BE COMPLETED BY THE STUDENT

SUPPLEMENTAL EDUCATIONAL SERVICES

PROVIDER REPORT CARD

SES Provider:

This information is extremely helpful to the State Title I office as we work with districts to have high quality providers of Supplemental Educational Services. Your feedback is critical in helping us to do that. If you could take a few minutes to complete this brief report card, it would be beneficial for our office. Please return to your school district office by May 18, 2010. If you have questions about this information, please call this office at 406-444-3083. Thank you for your time.

Description/Identification of Report Card Item	Scale				
	P o o r	Good			E x c e l l e n t
11. I made progress on my goals.	1	2	3	4	5
12. I feel that the additional help in reading and/or math to be a positive experience.	1	2	3	4	5
13. I was informed regularly about my progress.	1	2	3	4	5
14. I feel that the tutor was qualified to provide the help that I needed.	1	2	3	4	5
15. I feel that the tutor was supportive of my needs.	1	2	3	4	5
16. I enjoyed my experience with the tutor.	1	2	3	4	5
17. I am confident that I benefited from this tutoring.	1	2	3	4	5
18. The services fit into my personal schedule.	1	2	3	4	5
19. I am confident that I will remember what I learned.	1	2	3	4	5
20. I would work with this tutor again.	1	2	3	4	5

Other comments:
